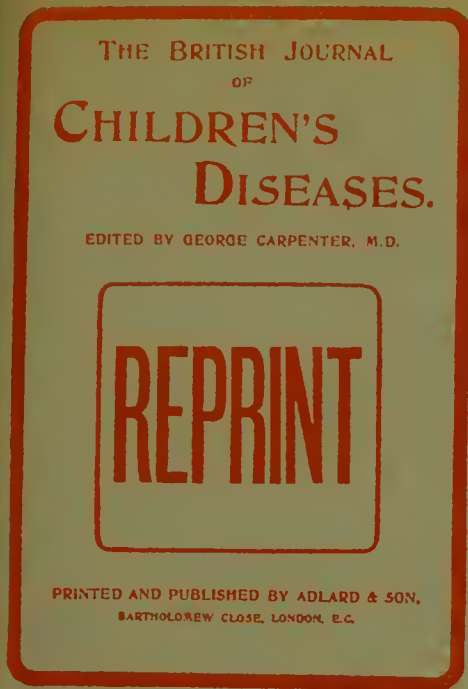


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## A NOTE ON CONGENITAL SYPHILITIC "OSTEITIS DEFORMANS."

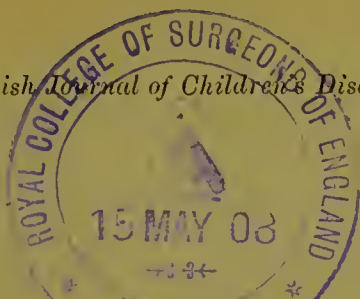
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Physician to the German Hospital, London, and the Mount Vernon Hospital for Consumption, Hampstead.





Reprinted from 'The British Journal of Children's Diseases,' March, 1908.



## A NOTE ON CONGENITAL SYPHILITIC "OSTEITIS DEFORMANS."

By F. PARKES WEBER, M.D., F.R.C.P.,

*Physician to the German Hospital, London, and the Mount Vernon Hospital for Consumption, Hampstead.*

A PECULIAR and very unsightly chronic general enlargement of certain long bones, especially of the tibiæ, is an occasional, though rare, late manifestation of congenital syphilis. It is due to a chronic osteo-periostitis, which may be extraordinarily painless, so that medical advice is not always so urgently sought for and acted on as one would expect from the deforming nature of the malady. The tibiæ are most frequently affected in this way, but other bones, such as the ulnæ and lower jaws, may also be involved, though usually to a lesser extent than the tibiæ. Both sides of the body are (as in the osteitis deformans of Paget) generally affected, but the changes are often more advanced on one side, and, indeed, one leg may remain sound even when its fellow is greatly deformed.

This remarkable condition in the bones may occur in association with various other manifestations of congenital syphilis, as it did in a case recently shown by Dr. Porter Parkinson,\* in which, besides the enlargement of the tibiæ, there were several other signs of the disease including infantilism (The Society for the Study of Disease in Children, February the 21st, 1903). In some cases, however, it may, for a considerable time at least, constitute in itself practically the only evidence of the syphilitic taint. An excellent example of this has been described and figured by Mr. R. W. Parker in his article on "Syphilis" in Gould and Warren's 'International Text-book of Surgery' (edition of 1900, vol. ii, p. 780). The patient in question, whom I had myself frequently an opportunity of seeing when he was under treatment at the German Hospital, was a Jewish boy, aged fourteen years, with enormous enlargement of the bones of both legs and to a lesser degree of both ulnæ. The boy looked as if his legs below the knees were too long (as well as much too thick) in comparison to his thighs and the rest of his body. Mr. Parker says that he had normal eyes and well-formed teeth, and was the eldest of seven children and

\* Exhibited at The Society for the Study of Disease in Children, February the 21st, 1908.

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the only one affected. The history as to syphilis was completely negative. Neither parent showed any syphilis. The father was only seventeen years old and the mother only nineteen when they were married. The boy himself seemed normal, though somewhat pale, up to the age of seven years, when the bone affection began to show itself. Since that age the deformity had slowly increased, and its syphilitic origin had recently been proved beyond all doubt by the appearance of gummata.

The painless and consequently insidious course of the affection was most remarkable. In this respect the bone-condition may be compared to the chronic splenomegaly which occurs as a late manifestation, and sometimes apparently as the only manifestation of congenital syphilis. But there is considerably more doubt as to the exact nature of the splenic change and its relation to the syphilitic taint. Much investigation is still required in regard to the pathological anatomy and clinical diagnosis of congenital syphilitic splenomegaly.

The enlargement and curvature of the tibiae from congenital syphilitic osteitis deformans is likewise well shown in the illustration to a paper by J. Basil Hall, entitled, "A Case of Syphilitic Fibro-spongioid Osteitis."\* In Hall's patient, a boy, then fourteen years old, aching pain in the legs at night, especially in the right leg, was, however, complained of, and there was a history (though not a typical one) pointing to congenital syphilis. The mother, by her second husband, had had five children, of whom the patient was the eldest. The second and third children died in infancy, and the fourth and fifth were still-born. The patient had had snuffles very badly as an infant, was a sickly child, and did not walk till he was five years old. He had, however, had no rash at any time except measles. Bending of the bones of the legs commenced about eighteen months after he began to walk. Both clavicles were much thickened in the inner half. There was no sign of rickets. The tibiae were greatly enlarged and appeared to be elongated in proportion to the rest of the limb, the right tibia being slightly the longer of the two. In addition to the general enlargement they presented also irregular bossy swellings on their surface. Both bones were curved convexly forward in the middle. Hall points out that in his patient the convex

\* 'British Medical Journal,' June the 30th, 1900, p. 1875. Hall takes the term "fibro-spongioid" from J. Parrot's description of the osseous lesions met with in congenital syphilis, and refers to Parrot's address on the subject to the Pathological Society of London in May, 1879. In vol. xxx of that Society's 'Transactions' (p. 343), Parrot divides the osteophytic changes of syphilitic bone disease according to the hardness of the osteophytes into two classes: (1) Osteoid; and (2) fibro-spongioid.

curve of the tibiæ is situated in the middle segment (sabre-shaped tibiæ of Fournier) rather than in the lower segment, and thus differs from that commonly seen in rickets.

Amongst other interesting examples of congenital syphilitic osteitis deformans I shall shortly refer to cases described by Hans Lorenz and Fritz Spieler. Lorenz's patient\* was a girl, aged 11 years, whose mother had been infected with syphilis shortly after her marriage. The girl's right tibia was enlarged, not only very much in thickness but also in length. It was 5 cm. longer than the left tibia and bowed, owing, doubtless, to its growth having been more rapid than that of the fibula, which was only 2 cm. longer than the left fibula. There was pes valgus on the right side owing to the tibia being longer than the fibula. Characteristic, in this case, was the insidious progress of the osteitis deformans. Since her fifth year of age the girl had occasionally complained of merely slight pains in her right leg. There was a history that two other children of the same parents had suffered from a similar chronic and not very painful tibial disease.

Spieler's patient† was a child, aged 12 years, with bone-disease of about five years' duration due to congenital syphilis. The right leg below the knee was 5 cm. longer than the left one, and it measured 3 cm. more than its fellow in its maximum circumference. The tibia was enlarged generally, but also presented local irregular protuberances on its surface; it had the characteristic "sabre-like" bend with convexity forwards. As in Lorenz's case, and for the same reason, there was pes valgus on the affected side. Some of the other long bones showed changes of similar nature.

The osteitis deformans of congenital syphilis may be distinguished from Paget's osteitis deformans by the following considerations:

(1) The youthful age of the patients in the congenital syphilitic cases.

(2) The relative absence of pain in the congenital syphilitic cases. In Paget's bone-disease the suffering may be extreme and resistant to medical measures, including anti-syphilitic treatment.

(3) The favourable result obtained in the syphilitic cases under proper specific treatment.

(4) In the syphilitic cases the tibiæ are most severely and most frequently affected. In Paget's osteitis deformans the disease, I believe, not rarely first shows itself in one of the femora.

\* Abstract in 'Münchener med. Wochenschrift,' March the 29th, 1904.

† *Ibid.*, January the 10th, 1906.



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(5) In the syphilitic cases, in addition to general enlargement, the affected bones often present irregular bosses on their surface.

(6) There is no evidence, as far as I know, of any tendency for malignant tumours to supervene in the bones of the syphilitic cases, as there is in the bones of Paget's class of cases.

(7) In the former class of cases there may, as I have already stated, be other obvious signs of congenital syphilis present.

Nevertheless the resemblance between the syphilitic cases and Paget's cases is in some instances and in some respects very striking, and it is not surprising that by certain writers a syphilitic origin has also been suggested for Paget's osteitis deformans. It must, indeed, be admitted that some cases classed as Paget's bone disease may really be due to congenital or acquired syphilis, but typical cases of Paget's class are not cured, and the pains even may not be removed, by anti-syphilitic treatment. However, in a few examples of true osteitis deformans of Paget, a connecting link with syphilis may be furnished by the presence of a chronic post-syphilitic disease of the spinal cord, such as *tabes dorsalis*,\* and in such cases the trophic disturbance caused by the affection of the nervous system may play a part in the development of the bone disease.

\* See "Ostéite syphilitique déformante, type Paget," by Chartier and Descomps, 'Nouvelle Iconographie de la Salpêtrière,' 1907, No. 1, p. 84. See also Gilles de la Tourette and Magdelaine, 'Nouvelle Iconographie de la Salpêtrière,' 1894, No. 1; and Gilles de la Tourette and Marinesco, *ibid.*, 1895, No. 4; also Medea and Da Fano, 'Il Morgagni,' 1906, No. 6.



